

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 10-875)

SERIAL NO.

10 / 529524

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18	1					
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27	X					
28						
29	X					
30						
31	X					
32						
33	1					
34	X					
35						
36	X					
37						
38	X					
39						
40	X					
41						
42	X					
43						
44	X					
45						
46	X					
47						
48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						